

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number TXD008950481		2. Page 1 of 1		3. Emergency Response Phone 214-789-1627		4. Manifest Tracking Number 1013690903 JJK			
		5. Generator's Name and Mailing Address US EPA REGION VI-CES ENVIRONMENTAL 1445 ROSS AVE SUITE 1200 DALLAS TX 75202 Generator's Phone: (214) 789-1627		Generator's Site Address (if different than mailing address) US EPA REGION VI-CES ENVIRONMENTAL 5904 GRIGGS ROAD HOUSTON TX 77021							
6. Transporter 1 Company Name <i>Triad Transport</i>		U.S. EPA ID Number OKD981588791		7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address U.S. ECOLOGY TEXAS, INC. 3277 COUNTY ROAD 69 ROBSTOWN TX 78380 Facility's Phone: (800) 242-3209		U.S. EPA ID Number TXD089452340									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	X	1. HAZARDOUS WASTE SOLID, N.O.S. (CHLORDANE, CRESOL), 9, PG III			1	CM	15	T	FXG7403H D020 D023 D024 D026		
		2.									
		3.									
		4.									
14. Special Handling Instructions and Additional Information 09-008-8442 <i>OT 23480</i>											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Officer's Printed/Typed Name: <i>Warren Behmer for US EPA</i> Signature: <i>Warren Behmer</i> Month: <i>12</i> Day: <i>5</i> Year: <i>2014</i>											
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry: _____ Date leaving U.S.: _____										
	17. Transporter Acknowledgment of Receipt of Materials										
TRANSPORTER	Transporter 1 Printed/Typed Name: <i>Keith Haag</i> Signature: <i>Keith Haag</i> Month: <i>12</i> Day: <i>05</i> Year: <i>14</i>										
	Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____										
DESIGNATED FACILITY	18. Discrepancy										
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
	Manifest Reference Number: _____ U.S. EPA ID Number: _____										
	18b. Alternate Facility (or Generator) Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. _____ 2. _____ 3. _____ 4. _____											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____											

US Ecology, Inc. Land Disposal Restriction Form

USEcology, Inc.

GENERATOR: US EPA REGION VI-CES ENVIRONMENTAL EPA I.D. NUMBER: TXD008950461

WASTE STREAM or PROFILE NUMBER: 090088442 MANIFEST DOC. NO. _____ LINE NO. _____

WASTE IS A: ☐ WASTEWATER ☐ NON-WASTEWATER ☒ DEBRIS

NOTIFICATION FREQUENCY: ☐ ONE TIME ☐ REQUIRED WITH EACH SHIPMENT

EPA WASTE CODES (from 40 CFR 268.40) D020 D023 D024 D026 D032

UHC's (Underlying Hazardous Constituents 40 CFR 268.48)? ☒ No ☐ Yes - List: _____

A. ☐ Restricted Waste Meets Treatment Standards (40 CFR 268.7(a) (3))

The restricted waste identified above meets the treatment standards in 40 CFR 268.40 or Alternative LDR treatment standards for contaminated soil 40CFR268.49 and can be landfill disposed without further treatment. I have attached all supporting analytical data, where available.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

B. ☐ Restricted Waste Treated To Treatment Standards (40 CFR 268.7(b) (1) & 268.7 (b) (2))

The treatment residue, or extract of such residue, or the restricted waste identified above has been tested to assure that the treatment residues or extract meet all applicable treatment standards in 40 CFR 268.40 and/or performance standards in 40 CFR 268.45. I have attached all supporting analytical data, where available.

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

C. ☐ Restricted Waste With Technology Based Treatment Standards (40 CFR 268.7(b) (4))

I certify under penalty of law that I personally have examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that based on my inquiry of those individuals immediately responsible for obtaining this information. I believe that the treatment process has been operated and maintained properly so as to comply with the treatment standards specified in 40 CFR 268.40, without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

D. ☐ Restricted Waste Decharacterized But Requires Treatment For UHC (40 CFR 268.9)

I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains Underlying Hazardous Constituents (UHC) that require further treatment to meet the universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

E. ☐ Restricted Waste Subject To Treatment (40 CFR 268.7(a) (2))

The restricted waste identified above must be treated to the applicable treatment standards in 40 CFR 268.40, or treated to comply with applicable prohibitions set forth in Part 268.32 or RCRA Section 3004(d). I have attached all supporting analytical data, where available.

F. ☒ Hazardous Debris Subject To Treatment (40 CFR 268.45)

This hazardous debris identified above must be treated to the alternative treatment standards in 40 CFR 268.45.

G. ☐ Restricted Waste Subject To A Variance or Extension (40 CFR 268.7(a) (4))

This restricted waste identified above is subject to a case by case exemption under 40 CFR 268.5, an exemption under 40 CFR 268.6 or a nationwide capacity variance under Subpart C of 40 CFR 268, and is not prohibited from land disposal. LDR prohibitions become effective on _____ (date) for this restricted waste. The corresponding treatment standard(s) are promulgated in 40 CFR 268.40. I have attached all supporting analytical data, where available.

H. ☐ Restricted Waste Managed In A "Lab Pack" (40 CFR 268.7(a) (9))

I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only waste that have been excluded under appendix IV to 40 CFR Part 268 and that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR 268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

I certify and warrant that the information that appears on this form, and appended documents, is true and correct. I have correctly indicated how my waste is to be managed in accordance with 40 CFR 268. My certification is based on personal examination of the information submitted, or is based on my inquiries of those individuals responsible for obtaining the information.

Authorized Signature

Wanda J. [Signature]

Title

FOSC

Date

12/05/14

UHC list from 40 CFR Part 268.48 available upon request

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6. Transporter 1 Company Name Triad Transport			U.S. EPA ID Number TXD0181558791					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address U.S. ECOLOGY TEXAS, INC. 3277 COUNTY ROAD 69 ROBSTOWN TX 78380 Facility's Phone: (800) 242-3209			U.S. EPA ID Number TXD069452340					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X	1. CHLORDANE, 9, PG III	1	CM	15	T	PAG740BH D020 D023 D024 D028	
		2.						
		3.						
		4.						
14. Special Handling Instructions and Additional Information 09-007-6442								
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Generator's/Offeror's Printed/Typed Name Wanda Chavar for US EPA			Signature Wanda Chavar			Month 12	Day 5	Year 2014
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only): _____							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Keith Haag			Signature Keith Haag		Month 12	Day 05	Year 14
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number: _____							
	18b. Alternate Facility (or Generator)			U.S. EPA ID Number				
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name			Signature			Month	Day	Year

UNIFORM STRAIGHT BILL OF LADING
Original — Not Negotiable
TRIAD TRANSPORT, INC.

P. O. Box 818 — McAlester, OK 74502

420412

TEL: 918-426-4751 800-364-1139 FAX: 918-426-2865

SPLIT: ☐ YES ☐ NO EPA ID#: OKD981588791

P. O. # _____ MANF#: _____ LOAD #: 1309339 PRO #: _____ TRUCK #: 1414
TRAILER #: 255

ORIGIN:		DESTINATION:	
SHIPPER <u>CES Environmental</u>		CONSIGNEE <u>US Ecology</u>	
STREET <u>4904 Briggs Rd.</u>		STREET <u>Petrolina Rd.</u>	
CY/ST <u>Houston, TX</u> ZIP _____		CY/ST <u>Robstown, TX</u> ZIP _____	

NO. SHIPPING UNITS	H M	KIND OF PACKAGES DESCRIPTION OF ARTICLES (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I. D. NUMBER	PACKING GROUP	TYPE OF CONTAINER	WEIGHT SUBJECT TO CORRECTION
		<u>see manifest</u>					
		<u>Box OT-25480</u>					

Subject to Section 7 of Conditions of Applicable Bill of Lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

Where the applicable tariff provisions specify a limitation of the carrier's liability (NMFC Item 172), if there is no release or value declaration by the shipper, and the shipper does not declare a value or release the carrier's liability, that liability shall be limited to the extent provided by NMFC Item 172. California intrastate shipments must comply with NMFC Item 173.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
NOTE—To obtain greater coverage for this shipment in excess of that afforded by the carrier's tariff, in addition to the requirements for obtaining excess coverage in such tariff, the shipper must enter the value of the shipment and check the box electing excess coverage.

Per _____ VALUE: _____ CHECK HERE FOR EXCESS COVERAGE: ☐

EMERGENCY CONTACT: _____
COMMENTS: _____

	YES	NO
PLACARDS REQUIRED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLACARDS SUPPLIED BY SHIPPER	<input type="checkbox"/>	<input type="checkbox"/>
TRIAD PLACARDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The property received in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or lawfully filed tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or lawfully filed tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

LINERS FURNISHED BY: <input type="checkbox"/> TRIAD <input type="checkbox"/> CUSTOMER /	VEHICLE FURNISHED BUT NOT USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LOADING	ACTION	UNLOADING
<u>12-5-14 0700</u>	DATE & APPOINTMENT TIME	<u>12-5-14 1200</u>
<u>12-5-14 0700</u>	ACTUAL ARRIVAL DATE & TIME	<u>12-5-14</u>
<u>12-5-14 0800</u>	DETENTION END TIME	<u>12-5-14</u>

REMINDER

Wear P.P.E. when needed, be sure Trailer is Clean; Observe Facility Rules;
Observe Loading/Unloading & Make Accurate Count; Be sure Manifest is Accurate & Complete;
Check Compatibility of Hazardous Materials-DO NOT HAUL INCOMPATIBLE MATERIALS;
Secure and Weigh Load-Check Axle Weights—DO NOT HAUL OVERWEIGHT.

LOADING OF TRIAD EQUIPMENT IS ACKNOWLEDGEMENT OF THE ACCEPTANCE BY THE CUSTOMER OF THE TERMS AND CONDITIONS PROVIDED ON THE SHIPMENT CONFIRMATION.

Equipment Condition: _____

Shipper per Keith Hoag Date 12-5-14 Consignee per _____ Date 12-5-14

Carrier per Keith Hoag Date 12-5-14 Print Name: Keith Hoag

Work requested outside scope of Standard Operating Procedure: _____

Person Requesting Work: (SIGNATURE) _____ Date _____